E I I I I I I I I I I I I I I I I I I I	d. Dodustion Act of 100	is no nomen are require	U.S. Pa	stent and Tradem	ark Office; U.S. DEP/	9/30/2010. QMB 0651-0032 ARTMENT OF COMMERCE	
	to respond to a coll	respond to a collection of information unless it displays a valid OMB control number Complete if Known					
Figetive on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009). Application I	Application Number 10/561,870-Conf. #1396			
			Filing Date			ecember 21, 2005	
				-		Yoshitoshi Kida	
						J. J. Piziali	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit 2		2629	
TOTAL AMOUNT OF P	AYMENT	(\$) 810.00	Attorney Doc	ket No	SON-3055		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION .							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILIN		SEARCH FEES		NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	Small Ent (\$) Fee (\$)		Small Entity Fee (\$)	Fees Paid (\$)	
Utility	330		10 270	220	110		
Design	220	110 10	00 50	140	70		
Plant	220	110 3:	30 165	170	85		
Reissue	330		10 270	650	325		
Provisional	220	110	0 0	0	0		
2. EXCESS CLAIM F		•••			•	Small Entity	
Fee Description Fee (\$)							
Each claim over 20 (including Reissues)					52	26	
Each independent claim over 3 (including Reissues)					220	110	
Multiple dependent claims 390 195							
<u>Total Claims</u>	Extra Claims	Fee (\$)	Fee Paid (\$)		lultiple Depende		
- or HI HP = highest number of t	P = x total claims paid for, if g			<u>Fe</u>	ee (\$) <u>F</u>	ee Paid (\$)	
Indep. Claims Extra Claims Fee (\$)			Fee Paid (\$)				
or HF	>= x			_		•	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets		h additional 50 or		of Fee (\$)	Fee Paid (\$)	
- 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing sur/harge): 1801 Request for continued examination (RCE) (see 37 810.00							
SUBMITTED BY	11		Registration No.		1	(000) 055 055	
Signature		N	(Attorney/Agent)	40,290	Telephone	(202) 955-3750	
Name (Print/Type) Chr	istopher M. Jobi				Date	August 24, 2010	
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